

ARIZONA CRIMINAL JUSTICE COMMISSION

AGGRAVATED DOMESTIC VIOLENCE PROSECUTION

QUARTERLY PERFORMANCE REPORT

AGENCY NAME: _____

GRANT NUMBER: _____

DATE PREPARED: _____

REPORT PERIOD: _____ TO: _____

CERTIFICATION:

I certify to the best of my ability, knowledge and belief that this report is true and correct.

Prepared By: _____

Telephone: _____

Approved By: _____ Fax: _____

Return to:
Arizona Criminal Justice Commission
1110 W. Washington, Suite 230
Phoenix, Arizona 85007

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AGGRAVATED DOMESTIC VIOLENCE PROSECUTION QUARTERLY REPORT

Please provide a narrative description of activities during this period that were supported or enhanced through the use of grant money received from the Arizona Criminal Justice Commission. You may use additional sheets when necessary.